

**2002 CAMPAIGN CONTRIBUTIONS AND EXPENSES****State of Nevada**

Nevada Soft Drink Association PAC

Name (print)

Office (if applicable)

District (if applicable)

50 West Liberty Stret, Ste. 1100 Reno, NV 89501

775-788-8676

Mailing Address (include city and zip code)

Telephone No.

E-Mail Address

Select Appropriate Box(es) ☐ CANDIDATE ☒ PAC ☐ BAG ☐ POL PRTY ☐ IND EXP ☐ AMENDED☐ **Report #1 — Due August 27, 2002**

Office with a 2-year term Period: Jan. 5, 2001 — Aug. 22, 2002

Office with a 4-year term Period: Dec. 20, 1998 — Aug 22, 2002

Office with a 6-year term Period: Dec. 6, 1996 — Aug 22, 2002

**BAGs only:** Period: Dec. 7, 2000 — Aug 22, 2002☒ **Report #2 Due — October 29, 2002**

Period: Aug. 23, 2002 — Oct. 24, 2002

☐ **Report #3 Due — January 15, 2003**

Period: Oct. 25, 2002 — Jan. 3, 2003

**BAGs only:** Period: Oct. 25, 2002 — Dec. 5, 2002FILE  
OCT 28 2002DEAN HELLER  
SECRETARY OF STATE

FOR OFFICE USE ONLY

**BALANCE**This figure should reflect the balance shown on your last Disposition of  
Unspent Contributions Report, or last Contributions & Expenses Report, if any

0

**CONTRIBUTIONS SUMMARY**"Contribution" means a gift, loan, conveyance, deposit, payment, transfer or distribution  
of money or anything of value other than the services of a volunteer received. (NRS 294A.007)

- |  |            |
|--|------------|
| 1. Total amount of monetary contributions in excess of \$100                 | \$5,000.00 |
| 2. Total amount of monetary contributions of \$100 or less                   | 0          |
| Actual number of monetary contributions of \$100 or less                     | 0          |
| 3. Interest and income earned on contributions, if any                       | 0          |
| 4. <b>TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS</b> (add lines 1 through 3) | \$5,000.00 |
| 5. Total amount of In Kind Contributions                                     | 0          |

**EXPENSES SUMMARY**

- |   |            |
|---|------------|
| 6. Total amount of monetary expenses in excess of \$100                 | 0          |
| 7. Total amount of monetary expenses of \$100 or less                   | 0          |
| 8. Expense for filing fee   | 0          |
| 9. <b>TOTAL AMOUNT OF ALL MONETARY EXPENSES</b> (add lines 6 through 8) | 0          |
| <b>Remaining Balance</b> (Subtract line 9 from 4)                       | 0          |
| 10. Total amount of In Kind Expenses                                    | \$5,000.00 |

**AFFIRMATION**

I declare under penalty of perjury that the foregoing is true and correct.

Signature

Date Executed On